

William J. Donovan

Purple Heart Recipients

Book of Honor

SALUTATION (CIRCLE ONE):

Mr. Mrs. Ms. Dr.

LAST NAME: _____

DATE OF BIRTH: _____

FIRST NAME: _____

BRANCH OF SERVICE: _____

MIDDLE NAME: _____

YEARS OF SERVICE: _____

Please note, you must provide a copy of your discharge papers that list your Purple Heart.

PLEASE PROVIDE **COMPLETE** MAILING ADDRESS:

STREET NUMBER STREET (DR., RD., AVE., ETC.) CITY STATE ZIP CODE

Phone Number: _____

Email Address: _____



Michael P. Kearns
Erie County Clerk

*Thank you for your service
and sacrifice!*

For Office Use

Date Received: _____

DD-214: _____

Date added : _____

Initials: _____

Part of the Erie County Clerk's **S.A.L.U.T.E.S. Program**